

## **APPLICATION DATA SHEET**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	Process for Reducing the Pour Point and Viscosity of Fischer-Tropsch Wax
Attorney Docket Number::	T-6260
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	None
Total Drawing Sheets::	1
Small Entity?::	No

### **Applicant Information**

Applicant Authority Type::	<b>Inventor (1)</b>
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stephen
Middle Name::	E.
Family Name::	Henderson
Name Suffix::	
City of Residence::	Rodeo
State or Province of Residence::	California
Country of Residence::	USA
Street of mailing address::	806 Laurel Court
City of mailing address::	Rodeo
State or Province of mailing address::	California
Postal or Zip Code of mailing address::	94572
Applicant Authority Type::	<b>Inventor (2)</b>
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	R.
Family Name::	Johnson
Name Suffix::	
City of Residence::	Petaluma
State or Province of Residence::	California
Country of Residence::	USA
Street of mailing address::	7 Azalea Court
City of mailing address::	Petaluma
State or Province of mailing address::	California
Postal or Zip Code of mailing address::	94954

Applicant Authority Type::	<b>Inventor (3)</b>
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stephen
Middle Name::	J.
Family Name::	Miller
Name Suffix::	
City of Residence::	San Francisco
State or Province of Residence::	California
Country of Residence::	USA
Street of mailing address::	520 – 45 <sup>th</sup> Avenue
City of mailing address::	San Francisco
State or Province of mailing address::	California
Postal or Zip Code of mailing address::	94121
Applicant Authority Type::	<b>Inventor (4)</b>
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Russell
Middle Name::	R.
Family Name::	Krug
Name Suffix::	
City of Residence::	Novato
State or Province of Residence::	California
Country of Residence::	USA
Street of mailing address::	44 Olympia Way
City of mailing address::	Novato
State or Province of mailing address::	California
Postal or Zip Code of mailing address::	94949

#### **Correspondence Information**

Corresponding Customer	<b>34014</b>
Number::	
Phone Number::	(925) 842-1531
Fax Number::	(925) 842-2051

#### **Representative Information**

Representative Customer	<b>34014</b>
Number::	

#### **Assignee Information**

Assignee Name::	Chevron U.S.A. Inc.
-----------------	---------------------